

| POSITION | INITIALS | ID NO. | DATE |
|----------------------------|----------|--------|------------|
| FEE DETERMINATION | KR | 70591 | 7/14/99 |
| O.I.P.E. CLASSIFIER | DN | 32 | 7/19 |
| FORMALITY REVIEW | | 30008 | 7/19-27-99 |

E-10-99

INDEX OF CLAIMS

| | | | |
|---|-------------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| — | (Through numeral)... Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | Date |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here